

P1800011094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

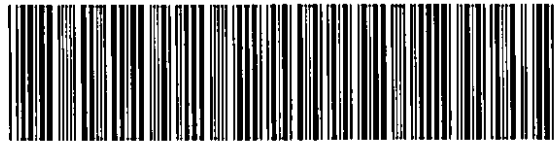
(Business Entity Name)

(Document Number)

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2018 JUN 19 P 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2018

T. LEMMON

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Bracing Solutions
Name of Corporation

DOCUMENT NUMBER: P18000011094

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emmanuel Silva

Name of Contact Person

Sunshine Friends

Firm/Company

5100 West Copans Rd Suite 300

Address

Margate, FL 33063

City/State and Zip Code

msilva@uscareassociates.com

E-mail address: (to be used for future annual report notification)

RECEIVED
18 JUN 19 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Emmanuel Silva

Name of Contact Person

at (954) 4390898

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2018

EMMANUEL SILVA
704 N KING DT STE 500
WILMINGTON, DE 19801

SUBJECT: SUNSHINE BRACING SOLUTIONS, INC
Ref. Number: P18000011094

We have received your document for SUNSHINE BRACING SOLUTIONS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 018A00011198

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sunshine Bracing Solutions
2. The principal office address: 801 West Bay Drive #512 Largo, FL 33770

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/01/18 Document number: P18000011094

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Schuyler Poppe

454 20th Ave

Indian Rocks Beach, FL 33785

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sean Aaronson

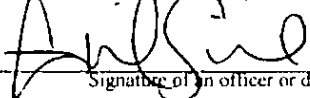
5100 West Copans Rd Ste 300

P.O. Box NOT acceptable

Margate, FL 33063

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Emmanuel Silva CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/14/18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
2018 JUN 18 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA